



Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee. Checks should be payable to: "Indiana Professional Licensing Agency."

CSR - Podiatrist Renew Form

Enter Full Name & Address Mail To: Indiana Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis IN 46204 Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal. I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	CSR Number	Date Expires	Renewal Fee	
		6/30/2013	\$60.00	
	SINCE YOU LAST RENEWED <input type="checkbox"/>			
	1.	Have you been convicted of, plead guilty or nolo contendere to: A.) A violation of any federal, state, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? B.) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES	NO
2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO	
Signature Of Applicant (respond Yes or No to all questions)		Date Signed		
Make Check Payable To:	Enter change of address			
Indiana Professional Licensing Agency				

- Your license can still be renewed online for approximately 18 months after expiration. Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day. To renew online go to www.pla.in.gov and select the **License Express** link. Your Login ID is your primary license number. Password is the last four digits of your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- **Name Changes** - Name changes must be done in writing – include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.
- **Positive Response(s)** - If you answer "yes" to any of the three questions posed on the above renewal form, you must explain fully in a signed and notarized affidavit, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit. NOTE: YOU ONLY NEED TO ANSWER YES TO ANY QUESTION IF IT APPLIES SINCE YOU LAST RENEWED YOUR REGISTRATION.
- You must have a current practitioner's license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license.
- If the above address is not valid, please provide your current address. **A controlled substance registration address must be an Indiana practice address.** To have a PO Box address you must also include the street address for processing. Please verify your social security number for accuracy and make any necessary corrections.
- If you have questions, please feel free to contact the Board of Podiatric Medicine by email at pla5@pla.in.gov or by phone at (317) 234-2064.